

REMARKS

Claims 1-23 are currently pending in the subject application and are presently under consideration. Claims 21 and 23 have been amended as shown on pages 2-7 of the Reply. The below comments present in greater detail distinctive features of applicants' claimed invention over the cited art that were conveyed to the Examiner over the telephone on December 4, 2007.

Favorable reconsideration of the subject patent application is respectfully requested in view of the comments and amendments herein.

I. Rejection of Claims 1-6, 8-10, 12-13 and 15-23 Under 35 U.S.C. §103(a)

Claims 1-6, 8-10, 12-13 and 15-23 stand rejected under 35 U.S.C. §103(a) as being unpatentable over Montlick (US 5,561,446) in view of Lavin, *et al.* (US 5,772,585). Withdrawal of this rejection is requested for the following reasons. Neither Montlick nor Lavin *et al.*, alone or in combination, teach or suggest all features of the subject claims.

Applicants' claimed subject matter relates to a method of communicating healthcare information. Medical diagnoses relating to a patient is conveyed using codes, wirelessly to a server where the information is processed and provided to a patient with remote access. To this end, independent claim 1 recites *a method of communicating healthcare information, the method comprising: displaying a set of codes each corresponding to respective healthcare data, the healthcare data including a plurality of medical diagnoses each of which corresponds to at least one code; storing the set of codes and the medical diagnoses in a memory of a portable terminal; detecting selection by a user of a subset of the displayed codes that corresponds to a medical diagnosis relevant to a patient; and wirelessly transmitting the selected subset of the displayed codes from the portable terminal to a server system via a first network capable of providing communication between the portable terminal and the server system, wherein said wirelessly transmitting causes the healthcare data corresponding to the selected subset of the displayed codes to be provided to a medical patient via a second network capable of providing communication between the server system and a patient accessible device.* Independent claims 9, 12, 18, 21, 22 and 23 recite similar features. Montlick and Lavin *et al.*, alone or in combination, fail to teach or suggest such novel features.

Montlick teaches a system and method for wireless remote information retrieval and pen based data entry. A pen based portable electronic device allows a doctor to access digitally

stored forms in a central computer system, transmitting the forms to the pen based computer in response to a selection request, enter data into the form by handwriting on the display form and stores the handwritten comments as electronic ink associated with the form, in the central storage. At page of the Office Action, the Examiner contends that Montlick teaches such novel features. Applicants' representative avers to the contrary. At the cited portions, Montlick discloses a doctor entering information in a graphical interface displayed on a pen-based computer using a stylus in the form of handwriting or by making a selection from a check box. A Diagnosis display screen shows a listing of diagnoses and their respective ICD-9 numbers. The system allows a user to select diagnoses for a patient form, by touching a check-box with the stylus. The completed form is transmitted to the central computer system where the data in the form is stored as associated with a particular form and the particular patient. Nowhere does the system allow a patient accessing his patient record. Thus, the system allows a doctor to fill a form and choose items via selecting a check-box, and transmitting the filled form. In contrast, the claimed invention stores medical diagnoses and corresponding codes in the memory of the user terminal and allows a doctor to select a subset of the codes and transmit the subset of codes to a server system. Thus, Montlick is silent regarding *storing the set of codes and the medical diagnoses in a memory of a portable terminal, detecting selection by a user of a subset of the displayed codes that corresponds to a medical diagnosis relevant to a patient.*

Lanvin relates to a system and method for managing patient medical information and handling examination information. At the cited portions, Lanvin discloses a computer network with a server and one or more workstations that can communicate with the server, where the workstations can be fixed or portable. After concluding a patient examination, a physician enters information about diagnoses, procedures and fees in a form at a workstation. A diagnostic screen displays a scroll through display of diseases/diagnosis with appropriate code, from the database, and allows the physician to select diagnoses, which are entered in the appropriate patient record of the database. Nowhere does Lanvin disclose a second network through which data is accessed, let alone a patient accessing the patient record through the second network. Thus, Lanvin is silent regarding *storing the set of codes and the medical diagnoses in a memory of a portable terminal, and wirelessly transmitting the selected subset of the displayed codes from the portable terminal to a server system via a first network capable of providing communication between the portable terminal and the server system wirelessly,*

wherein transmitting causes the healthcare data corresponding to the selected subset of the displayed codes to be provided to a medical patient via a second network capable of providing communication between the server system and a patient accessible device as recited by the subject claims.

By using a portable device and diagnosis codes stored in the device memory, the system allows a physician to hold the device in one hand and use a selection screen to easily select the diagnoses by code and formulate a comprehensive medical diagnosis of a patient. The physician transmits the diagnosis to the server for further processing, and is not required to fill up the various patient record forms. Conveying the processed data through the second network lets the patient can access the data at his own convenience.

In view of at least the foregoing it is readily apparent that Montlick and Lavin *et al.* either alone or in combination do not teach or suggest each and every element set forth in the applicants' subject claims. Accordingly it is requested that this rejection should be withdrawn.

II. Rejection of Claims 7, 11 and 14 Under 35 U.S.C. §103(a)

Claims 7, 11 and 14 stand rejected under 35 U.S.C. §103(a) as being unpatentable over Montlick (US 5,561,446) in view of Lavin, *et al.* (US 5,772,585) as applied to claims 1-6, 8-10, 12-13 and 15-23 above and further in view of Gershman, *et al.* (US 6,199,099). Withdrawal of this rejection is respectfully requested for at least the following reasons. Claims 7, 11 and 14 depend from independent claims 1, 9 and 12. As previously discussed, Montlick and Lavin *et al.* alone or in combination, fail to disclose all limitations of independent claims 1, 9 and 12. Gershman *et al.* relates to making consumer information available remotely in connection with facilitating remote consumer transactions, and fails to compensate for the aforementioned deficiencies of Montlick and Lanvin *et al.* Accordingly, this rejection should be withdrawn.

CONCLUSION

The present application is believed to be in condition for allowance in view of the above comments and amendments. A prompt action to such end is earnestly solicited.

In the event any fees are due in connection with this document, the Commissioner is authorized to charge those fees to Deposit Account No. 50-1063 [MSFTP1835USA].

Should the Examiner believe a telephone interview would be helpful to expedite favorable prosecution, the Examiner is invited to contact applicants' undersigned representative at the telephone number below.

Respectfully submitted,

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